
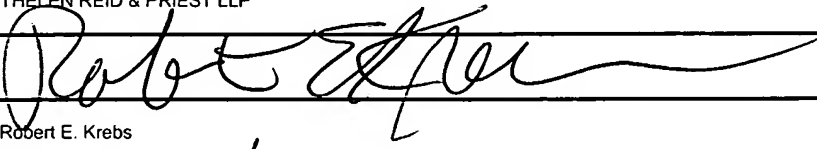
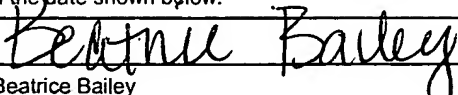


<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/539,928
	Filing Date	June 16, 2005
	First Named Inventor	Simon Deleonibus
	Art Unit	Unassigned
	Examiner Name	Unassigned
	Attorney Docket Number	034299-000646
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee by Credit Card <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated/Elected Office (2 pgs); copy of Notification of Missing Requirements (2 pgs); Declaration & POA (2 pgs); and Exhibit A copy of spec as filed on June 16, 2006 (36 pgs).
<b>Remarks</b>  		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm	THELEN REID & PRIEST LLP	
Signature		
Printed Name	Robert E. Krebs	
Date	28 April 2006	Reg. No. 25,885

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Beatrice Bailey	Date 4/28/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> <b>for FY 2005</b></p> <p>Applicant claims small entity status. See 37 CFR 1.27</p>		<p><b>Complete if Known</b></p>	
<p><b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 130.00</p>		<p>Application Number 10/539,928</p>	<p>Filing Date June 16, 2005</p>
<p>First Named Inventor Simon Deleonibus</p>		<p>Examiner Name Unassigned</p>	
<p>Art Unit Unassigned</p>		<p>Attorney Docket No. 034299-000646</p>	

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 50-1698 Deposit Account Name: Thelen Reid & Priest LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  
 Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 30 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>
10	- 20 or HP=	x =
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>
2	- 3 or HP=	x =
HP = highest number of independent claims paid for, if greater than 3.		
		<b>Fee Paid (\$)</b>
		_____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x	=	_____

**4. OTHER FEE(\$)**

Non-English Specification, \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge): (1051) Oath

\$ 130.00

**SUBMITTED BY**

Signature _____	Registration No. (Attorney/Agent) 25,885	Telephone (408) 292-5800
Name (Print/Type) Robert E. Krebs		Date 9/28/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Simon Deleonibus

SERIAL NO.: 10/539,928

CONFIRMATION NO.: 8398

FILING DATE: June 16, 2005

TITLE: MIS Transistor with Self-Aligned Gate and Method for Making Same

EXAMINER: Unassigned

ART UNIT: Unassigned

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP: MISSING PARTS, Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date printed below:

Date: 4/28/2006

Name: Beatrice Bailey

Beatrice Bailey

MAIL STOP MISSING PARTS

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C.  
371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE

Responsive to the Notice to File Missing Parts dated **March 1, 2006**, please find the following:

1. Enclosed is our credit card payment form in the amount of **\$130.00** for assignee as a large entity calculated as follows:

Surcharge – Fee Code 1051	\$ 130.00
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05/09/2006 MKAYPAGH 00000181 10539928

Total	\$ 130.00
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01 FC:1617

130.00 0P

2. Copy of Notification of Missing Requirements Under 35 U.S.C 371
3. Executed Declaration, Power of Attorney and Petition
4. Exhibit A, copy of Specification as filed on June 16, 2005

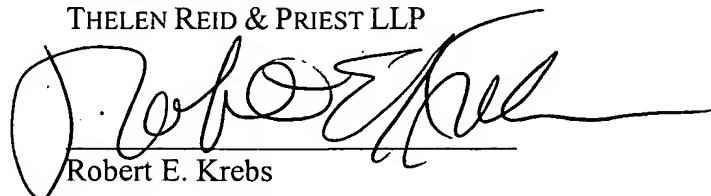
Applicant does not believe that additional claim fees of \$360.00 are due for multiple dependent claims. A copy of the specification as filed on June 16, 2005 is enclosed as Exhibit A. Please note that Applicant paid for 2 independent claims and 8 dependent claims. There are no multiple dependent claims in the specification as filed on June 16, 2005. Please see the table enclosed for a breakdown of the claims and fees for the above application.

As filed	Independent claims	Dependent Claims	Multiple Dependent Claims	Total Claims	Fees
Application filed June 16, 2005	2 (claims 1, 8)	8 (Claims 2-7 and 9-10)	0	10	No fees due for additional claims in excess of 20. No fees due for additional independent claims in excess of 3

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 50-1698.

Respectfully submitted,  
THELEN REID & PRIEST LLP

Dated: April 28, 2006

  
Robert E. Krebs  
Reg. No. 25,885

THELEN REID & PRIEST LLP  
P.O. Box 640640  
San Jose, CA 95164-0640  
Telephone: (408) 292-5800  
Fax: (408) 287-8040



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
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10/539,928

Simon Deleonibus

034299-646

RECEIVED

INTERNATIONAL APPLICATION NO.

PCT/FR03/50173

Thelen Reid & Priest  
PO Box 640640  
San Jose, CA 95164-0640

MAR 07 2006

I.A. FILING DATE

PRIORITY DATE

12/15/2003

12/16/2002

THELEN REID &amp; PRIEST LLP

CONFIRMATION NO. 8398

371 FORMALITIES LETTER



\*OC000000018157706\*

MP Due 5/1/06

Date Mailed: 03/01/2006

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 06/16/2005
- English Translation of the IA filed on 06/16/2005
- Copy of the International Search Report filed on 06/16/2005
- Copy of IPE Report filed on 06/16/2005
- Preliminary Amendments filed on 06/16/2005
- Information Disclosure Statements filed on 12/05/2005
- U.S. Basic National Fees filed on 06/16/2005
- Assignment filed on 06/16/2005
- Priority Documents filed on 06/16/2005

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Additional claim fees of \$360 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.
- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.492(h) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

CPI \_\_\_\_\_ Date \_\_\_\_\_  
MAR - 9 2006  
Excl \_\_\_\_\_

## SUMMARY OF FEES DUE:

Total additional fees required for this application is \$490 for a Large Entity:

- \$130 Surcharge.
- Total additional claim fee(s) for this application is \$ 360
  - \$360 for multiple dependent claim surcharge.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

DARRELL C COTTMAN

Telephone: (703) 308-9140 EXT 203

## PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/539,928	PCT/FR03/50173	034299-646

FORM PCT/DO/EO/905 (371 Formalities Notice)